

SUPERIOR COURT FOR THE DISTRICT OF COLUMBIA
Civil Division

DISTRICT OF COLUMBIA,
Department of Insurance, Securities
and Banking,

Petitioner,

v.

D.C. CHARTERED HEALTH PLAN, INC.,

Respondent.

Civil Action No. 2012 CA 008227 2
Judge Melvin R. Wright
Calendar 15
Next Event: Status Hearing
April 1, 2014 at 9:30 a.m.

PETITION FOR APPROVAL OF PAYMENT FOR
PROVIDER CLAIM APPEALS

D.C. Chartered Health Plan, Inc., acting through its Rehabilitator, Special Deputy to the Rehabilitator and their attorneys (“Chartered”), respectfully petitions this Court to enter the requested Order approving payment of \$132,757.41, to ensure equitable treatment of all provider claims, as described further below.

By order dated August 22, 2013, the Court approved the Settlement Agreement Between Chartered and the District of Columbia (the “Settlement”). In accord with that agreement, the Special Deputy calculated that each provider should be paid 83.87% of its total claim, which percentage reflects each provider’s *pro rata* share of the \$48 million settlement based on the \$57.22 million in total claims owed as of September 9, 2013 (the “*Pro Rata* Calculation Date”). See Special Deputy to the Rehabilitator’s Seventh Status Report, at 5 (Sept. 23, 2013).

The Special Deputy subsequently processed and approved \$1,111,024 in claims and claim appeals and received the Court’s approval to pay 83.87% of those claims from estate assets in December 2013. In 2014, the Special Deputy has processed and approved an additional \$158,270.90 in claim appeals from providers, most of which required review of clinical records. All of the claims appealed were submitted prior to the August 31, 2013 claim bar date, denied in

whole or in part by the Rehabilitator, appealed by the provider and then approved in whole or in part by the Rehabilitator after the *Pro Rata* Calculation Date. These claim appeals would have been included in the DHCF settlement distribution but for the time it took for an appeal to be filed and the time for review and processing the appeals. To ensure that all Priority Class 3 claimants are treated equally, the Special Deputy seeks the Court's approval to pay provider claim appeals approved in 2014 identical to the *pro rata* share paid for other provider claims as part of the Settlement payment program, namely \$132,757.41 (i.e., 83.87% of \$158,270.90).

WHEREFORE, Chartered petitions this Court to enter the requested Order approving the payment of \$132,757.41 for the 83.87% *pro rata* share of provider claim appeals approved in 2014 after the *Pro Rata* Calculation Date.

Date: March 26, 2014

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CERTIFICATE OF SERVICE

I hereby certify that on this 26th day of March, 2014, a copy of the foregoing *Petition for Approval of Payment for Provider Claim Appeals*, and proposed order, was filed and served by email upon:

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[PROPOSED] ORDER APPROVING PAYMENT FOR PROVIDER APPEALS

On March 26, 2014, D.C. Chartered Health Plan, Inc., acting through its Rehabilitator, Special Deputy to the Rehabilitator and their attorneys ("Chartered"), filed a *Petition for Approval of Payment for Provider Claim Appeals*. The Petition asked the Court to enter an order approving the payment of undisputed provider claim appeals in the same 83.87% *pro rata* ratio as for all other provider claims.

Upon consideration of the Petition and the entire record herein, it is this ____ day of March, 2014,

1. ORDERED: That the payment of \$132,757.41 for the 83.87% *pro rata* share of provider claim appeals is approved; and
2. This is entered as a final Order.

Melvin R. Wright
Judge, D.C. Superior Court

Copies to:

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